

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>NVS639HOS</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>05/01/2008</b>
NAME OF PROVIDER OR SUPPLIER  <b>SUNRISE HOSPITAL AND MEDICAL CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>3186 S MARYLAND PKWY LAS VEGAS, NV 89109</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	<p>Initial Comments</p> <p>This Statement of Deficiencies was generated as a result of a complaint investigation conducted at your facility on 4/30-5/1/08.</p> <p>The census was 501 and 23 complaints were investigated.</p> <p>CPT # NV00017906 Unsubstantiated CPT # NV00017488 Unsubstantiated CPT # NV00015928 Substantiated without deficiencies CPT # NV00015446 Substantiated without deficiencies CPT # NV00014678 Substantiated without deficiencies CPT # NV00017599 Unsubstantiated CPT # NV00015600 Unsubstantiated CPT # NV00018063 Unsubstantiated CPT # NV00017931 Substantiated without deficiencies CPT # NV00017021 Unsubstantiated CPT # NV00017317 Unsubstantiated CPT # NV00016685 Unsubstantiated CPT # NV00016293 Substantiated without deficiencies CPT # NV00017269 Substantiated without deficiencies CPT # NV00014854 Substantiated without deficiencies CPT # NV00017395 Unsubstantiated CPT # NV00017082 Unsubstantiated CPT # NV00015060 Unsubstantiated CPT # NV00016159 Unsubstantiated CPT # NV00015844 Unsubstantiated CPT # NV00015110 Unsubstantiated CPT # NV00017110 Unsubstantiated CPT # NV00014678 Unsubstantiated</p> <p>The survey was conducted using the authority of</p>	S 000		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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S 000	Continued From page 1  NAC 449, Hospitals, last adopted by the State Board of Health on August 04, 2004.  The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations,actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.	S 000			

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